EPI Update for Friday, May 20, 2016
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Ticks are out**
- **IDPH is not recommending Iowa communities change their mosquito control activities due to Zika virus**
- **Exposure to tetanus: post exposure prophylaxis**
- **Traveler's food and beverage safety infographic**
- **Meeting announcements and training opportunities**

Ticks are out

Please remind patients that tick-borne disease season is underway in Iowa. Ticks can carry organisms that cause diseases like Lyme disease, Rocky Mountain Spotted Fever, and Ehrlichiosis. The best way to prevent tick bites is to avoid wooded and grassy areas. Other recommendations include:

- Wear long-sleeved shirts and long, light-colored pants tucked into socks or boots.
- Stay on trails when walking or hiking and avoid high grass.
- Use insect repellants that contain DEET. Follow the label for application.
- If a tick is found attached on the skin, use tweezers to grip the tick by its mouthparts. Do not squeeze the tick's body.
- Pull steadily directly away from skin. Removing the tick's body is the main goal. Don't worry if its mouthparts break off in the process.
- Clean the wound and disinfect the site of the bite.

The most common tick-borne disease is Lyme disease, with 319 cases reported to IDPH in 2015.

For more information on tick-borne diseases, visit http://idph.iowa.gov/Portals/1/userfiles/79/West%20Nile/Tickborne%20Disease%20Brochure.pdf.

IDPH is not recommending Iowa communities change their mosquito control activities due to Zika virus

IDPH is receiving questions from local communities asking whether existing mosquito control activities should be changed due to Zika virus.

Zika virus has not been found in any mosquitoes in the continental U.S.; futhermore, mosquito surveillance has been ongoing in Iowa for nearly half a century and there is currently no evidence that the mosquitoes transmitting Zika virus in other parts of the world (Aedes aegypti and possibly Aedes albopictus) are established in Iowa. So based upon what we know about transmission of the Zika virus and the populations of mosquitos in our state, the real risk to Iowans is when they travel to Zika-affected areas of the world. For these reasons, IDPH is not recommending that communities change their mosquito control measures due to Zika.

Exposure to tetanus: post exposure prophylaxis

Clostridium tetani exists naturally in our environment. It is present in the intestines and feces of horses, sheep, cattle, dogs, cats, rats, guinea pigs, chickens, and in soil; therefore, it will never be eradicated. It usually enters the body though a puncture or bite wound. It can also occur as a result of otitis media, head injuries, burns, crush injuries, dental infection, and abortion. Tetanus cannot be transmitted from person-to-person or from animal-to-person without introduction through a bite wound. In recent years, it has been fatal in 11 percent of cases, usually in persons 60 years-of-age and older (18 percent) and unvaccinated persons (22 percent). Since 1992, Iowa has had nine probable or confirmed cases of tetanus, two of which resulted in death.

Adsorbed tetanus toxoid was first licensed in the U.S. in 1937, but immunization efforts increased in the 1940s during WWII, when many soldiers were vaccinated. It was not until October of 1977 that tetanus-containing vaccines were required for entry into Iowa schools. For post exposure prophylaxis against tetanus is important not to assume patients received a primary tetanus vaccine series just because the vaccine was available in the 1940s through 1960s.

Medical management after a tetanus exposure includes cleaning wounds and removing necrotic tissue. Immunization with tetanus-containing vaccine depends on the condition of the wound and the patient's immunization history. One dose of tetanus-containing vaccine does little to protect a person with an exposure to tetanus (contaminated wound); therefore, when vaccination history is unknown or a person has fewer than three confirmed doses of tetanus-containing vaccine, TIG should be administered along with vaccine. Tetanus immune globulin (TIG) is recommended as a single intramuscular injection of 500 units for children and adults given near the wound if possible. If TIG is unavailable, IVIG may be used. When the person has had three confirmed doses of tetanus-containing vaccine they only need to be boosted with a dose of Td/Tdap (for adults and children over 6 years-of-age) or DT/DTaP if it was been five years since their last dose.

For clean or minor wounds, TIG is never indicated. Vaccine is indicated if fewer than three confirmed doses have been received or the most recent dose was more than 10 years ago.

Traveler's food and beverage safety infographic
This week's infographic is on CDC's tips for international travelers to stay safe from improperly prepared food and beverages. For more information, visit
http://wwwnc.cdc.gov/travel/page/infographic-food-water-whats-safer.

Meeting announcements and training opportunities
None

Have a healthy and happy week!
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